Separate Provision for the Recent, the Curable, and the Appreciative Insane.

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SEPARATE PROVISION FOR THE RECENT, THE CURABLE, AND THE APPRECIATIVE INSANE.*

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For convenience in presenting the views proposed in this paper I will separate the insane requiring special care and treatment away from home into three divisions. In doing this it is not claimed that any inflexible or unchangeable lines can be drawn making divisions permanent, or that the same person may not, for special reasons, be found now in one and then in another.

No arbitrary or fixed classification of the insane is possible if due regard be had to the endless complexity of symptoms, and variety in personal states and characteristics.

In the first division I will place those who are financially independent, and on that account have the benefit of a greater range of choice in the particular methods of care and treatment which may be adopted in a given case.

For this class the State need have little concern except in the direction of exercising vigilant supervision over all places where persons deprived of the power of self-care may be in the custody of others. Persons in this division are not limited by financial necessities. If the family object to treatment away from home, hospital adjustments and service can be extemporized in the home. Under some circumstances this can be done with satisfaction and the best results. Yet the circumstances requisite for the success of this method exist in but a small proportion of cases.

For others of this division there is no lack of provision away from the home, and somewhere among these every variety of preference can be satisfied. To an increasing extent, in the United States, establishments are springing up under private enterprise, many of them most liberally equipped; and prepared to cater in detail to every preference of patients or friends. There is nothing in the way, under wise administration, of affording to the affluent classes everything in the way of remedial treatment for the curable, and every comfort and attraction for others which the most exacting could expect.

Then, for still others of this division, those who prefer the less

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private form of care, there are the larger corporate asylums with more liberal outfit, service and cost than States provide. These afford all desirable facilities for care and treatment, and it may be contended with reason that they can offer some conserving moral influences, not so easily available in more private establishments.

These varying resorts for treatment being accessible, the affluent classes have within easy reach all needed provision for the care or mitigation of the evils of insanity, and that without being subjected, while under treatment, to embarrassments which are not the necessary product of their disease, but of the circumstances under which treatment is attempted. What the nature of the embarrassments here referred to are will be apparent further on.

With these remarks we may dismiss this division and pass to the next to be considered. It is far the largest in numbers, and most varied in conditions. It contains the largest proportion of chronic disease, though not all are of this class, and it contains a larger representation of the pauper class than the division to be mentioned last, although not confined to it. We may include in this division most of those subjects of chronic mental disease whose welfare will not be compromised by more simple and less expensive adjustments than are required for those who will constitute my third division.

The line separating this from the third division is not one simply between dependence and self-support, but conditions of disease, —mental and bodily states; the distinction resting upon the radical difference in the legitimate demands of the two as to methods of care and treatment. This is overwhelmingly the largest of the three divisions in numbers, and most rapidly increasing in comparison.

There are many reasons why this division of the insane should accumulate in greater ratio than others. It must necessarily embrace a much larger ratio of the pauper class for the obvious reason that poverty is fruitful in insanity, and insanity is often the cause of poverty. One condition favors the other whichever may precede.

Bad heredity goes largely with the two, and these generate defective heredity; and altogether gravitate heavily towards chronic and hopeless states of disease—mental and physical decay. Then again, while under the ordinary action of the laws of life in a stable population, we must expect an accumulation of the chronic insane, we have had extraordinary causes of accumulation in the enormous influx, by reason of almost unrestricted immigration of

both bad constitution and developed insanity. The normal operation of physiological laws could never have increased chronic and incurable insanity and taxed our charity at the existing rate, had it not been for the indiscriminate importation of all the most fruitful elements that produce both insanity and pauperism.

Without these the several States would have had ample time to provide for the legitimate insane of all classes, and without undue pressure, as fast as the disease would have arisen among a native population. It requires only a glance at most large State asylums to show how much the country is indebted to foreign sources for the populations which throng their wards and swell the proportions of those for whom all the appliances of remedial treatment offer little or no relief.

A large majority of these are both incurable and dependent on the public for support, which terminates only with life. The percentage of this class is constantly running higher in most State asylums, even those not denominated chronic, but those still performing the functions of hospitals, while under this load of embarrassment of providing for patients of all classes, and in all stages and conditions of disease in common. Thus it turns out that under the pressure of the great chronic and almost hopeless division the hospital is compelled, in a great degree, to merge itself in the asylum, and thus modify its work as a hospital; for it is unavoidable that the vast majority under care should give shape to usages and methods of care, even if it is at the expense of the smaller fraction—the curable and those who are their fit associates. In seven of the most prominent and best equipped and managed State hospitals for the insane an average of over eighty per cent are paupers. This fact does not show that all of this proportion are in chronic stages of disease, but a very large proportion are; and it could not be far from correct to assume that seventy-five per cent of the population at any one time had reached the period of disease beyond which special remedial treatment could not promise success. Whatever may be the exact proportion of the chronic classes, the point of emphasis is that the remedial function of the institution is overshadowed by the custodial, always an embarrassment to that important minority still in the hopeful stage of disease, since all the circumstantial influences are unavoidably adverse. These influences will be referred to more particularly further on.

I will now turn to those who constitute the remaining division and inquire into their characteristics as insane persons, and name some of the points in which they differ radically from the division

just described. Generally they are persons in the more recent stages of mental disease, or if not that, in its milder and less destructive forms. Pecuniary considerations shut them out from our first division, and thus they are unable to choose their place of treatment. They cannot extemporise a hospital at home or resort to any of the elegant private retreats which can cater to every want and every shade of taste; and surround remedial or mitigating treatment with every adornment, not, however, on account of character, but pecuniary necessity.

There is a wide range of persons, condition and character embraced in this division; it is composed of those who belong to all stations in society, not excluding persons dependent on the public for support, needing the ministrations of a remedial or sustaining hospital. These come from all trades, callings and professions, and belong to classes in the community not wanting in character, consequence or self-respect. In health they bear their share of responsibility and public burdens, and exert their share of influence. In a word they are the average people, the stock out of which the future is to spring, worth curing, if possible, and restoring to society. These are not the people who have contributed unduly to swell the army of the chronic insane in the country, but those who will promise the best results of remedial treatment.

For this reason this is the division to which we are to look principally for restorations to mental health, home and usefulness. If anywhere there is a hopeful field for mental medicine it is found among those I include in this division, and a moment's consideration gives the reason.

It is not composed of the world's drifting, unstable, ill-conditioned populations, including the modern tramp, but of the settled, industrious, home-loving and stable classes; often of slender means, it is true, but generally means of their own producing, the fruit of their own industry. The classes here referred to represent more nearly than any other general one of the present time among us, the average population of half a century ago, before the great influx of foreign blood and character, often bearing the germs of weakness, poverty and disease. It is therefore characterized by a higher average of good and sound heredity and power of resistance to disease, as well as freedom from the vices and habits which are demoralizing both physically and mentally. Even the industry which their more moderate fortune demands may contribute not a little to the power to resist mental disease, or to recover from it when it occurs.

Indeed it is not unlikely that in this power of resistance, the constitutional resiliency resulting from their manner of life, the classes we are considering excel the seemingly more fortunate of whom our first division is composed. I do not attempt to settle this question. Without remarking more at length on the characteristics of the insane whom we place in this division, it is manifest that it includes a large majority of those in whose behalf remedial treatment is the most important; not only as regards the interests of the subjects themselves, but in the ultimate interest of the public as well.

Assuming this to be correct the country cannot afford to withhold the best possible means for their restoration to mental health, thus retaining the largest practicable fraction of them among the productive and burden-bearing portion of society. Public policy would indicate this course independently of the dictates of humanity and charity. In the midst of the many modern influences calculated to deteriorate the quality of the population, it is wise to be economical of the old and the best stock.

In view of the warnings of students of social science that the stock of the country is deteriorating, it is wise as far as relates to the insane to give remedial medicine its best chance of success; to put in operation the most carefully and wisely studied plans, methods and influences preventive of mental disease, and all that knowledge and experience can do to apply remedial agencies where it already exists.

It has already been remarked that in this division is found the vast preponderance of recent and hopeful cases, while in the other great division described, the immense majority are the chronic and unhopeful. This fact alone is just ground for a distinction in care and treatment. Many things are essential for the former which are of little or no value to the latter; and it is no invidious distinction against the great chronic division to recognize this fact in making provision for the two divisions.

It has been the uniform opinion of alienist observers that insanity is curable in proportion as it falls under proper early treatment, and this undoubted fact attaches great responsibility to provision for the classes containing the cases of recent origin. Success in curative agencies is confined mainly to this field, and to give early curative measures their full force, the situation itself should, above all things, contain no obstructing influences. Here psychological study and practice must find its test and main field, reap its main rewards, and render its best service to the public. Here too it can

make its strongest resistance to the increase of the helpless burden of chronic and incurable insanity; since it is a well known fact that among those constituting our great chronic division a recovery is of rare occurrence.

On a large analysis of statistics in promiscuous asylums, with patients of all classes, and in all stages of mental disease, it appears that the results reached are a little over thirty per cent of recoveries. Considering that a recovery very rarely occurs in asylums devoted exclusively to the great chronic division, it is plain where the field of an aggressive remedial practice lies. I use the word aggressive advisedly, believing that many cases may be saved under early active measures, combative of special symptoms, which, under a more hesitating and less personal management, would and do slide into chronic disease. I believe that under improved provision the percentages of recovery would be increased. This view gives great significance to all questions relating to the care and treatment of the hopeful and sensitive classes. If then, among these lies the whole field of preventive and remedial work, no question is so small as to lose its importance, whether it relates to the original organization of institutions, or the minutiæ of treatment.

If practice in mental diseases possesses a real remedial possibility, it is manifestly for the public interest to give that power its best opportunity; it is not economy to hamper it in the outfit for its activity. That would not be good financiering any more than sound social science or humanity. This brings us to the main point of our subject, "provision for the recent, the curable, and the sensitive classes of the insane." Has provision, including building and the details of care and treatment, yet reached the best that is attainable in results to the subjects of mental diseases themselves, or in the interest of the public at large? Must we rest satisfied with present rates of recovery, or the present degree of satisfaction experienced by appreciative inmates of asylums? If so we can only do with diligence what the hand now findeth to do. To aid in settling, to our own satisfaction, the question whether the best attainable provision for the classes to which my subject pertains, has been as yet reached, let us briefly look at the situation. Where and how are they now provided for?

But an insignificant comparative number are in strictly private institutions. A larger, but still small number, gain admission to corporate hospitals occupied mainly by the more fortunate financially, these institutions extending their charities to some of the

less fortunate. Those patients of our group who can secure the advantages of these institutions, enjoy the best that is available for care and treatment at the present time in the country. Of this class are the McLean, the Butler, the Retreat, Bloomingdale and the Pennsylvania, and in all these may be found patients from the classes under discussion. Still, this is but a very small fraction, and the vast majority remain to be provided for elsewhere. This large majority, containing the most hopeful subjects for remedial management, are mainly provided for in the large State hospitals and asylums, or more rarely in municipal asylums. These institutions now vary somewhat in plan of construction and organization, but agree in being large in plan, and growing rapidly larger in population. They agree in providing in the same establishment, in the same group of buildings, and often in the same wards, for all classes of the insane; whether they may be recent and hopeful cases, demanding special remedial treatment, or those needing only ordinary care. These institutions have generally been planned, and thus necessarily organized on a grand scale, divided into large wards, accommodating from twenty to forty or more in a single group or family. This feature has rendered necessary the massing of large numbers of patients, and generalizing treatment and service, whatever may be the individual needs of particular persons; and this massing does not end with physical conditions, but the very organization compels also the pooling of moral methods and instrumentalities. It embarrasses attempts at individualized measures and usages, and tends ever towards the adoption of a general routine service. It creates a strong leaning to wholesale dealing in management, which passes lightly over individuality of symptom and want in the particular patient, each falling into the established order. It tends to the neglect of the sound doctrine that prescription should respond directly to special diagnosis and not to a house rule. This doctrine is as true in moral treatment as in medical. I am not claiming that no individualized service is rendered under this wholesale adjustment, but that the pressure is all against it, and obstructive to it; nor do I say that a degree of success in moral treatment may not be achieved, but that it is much less marked than might be gained under changed relations.

It cannot be doubted, that under the prevailing promiscuous plans, and in the midst of the mixed multitudes, the best medical ability and the most enlightened and faithful nursing service work under perpetual embarrassment, to say nothing of the adverse influence of the environment upon the subjects of their efforts at

curative treatment. I cannot doubt that the experience of my brethren will confirm these general statements, that the immense wards, filled with a miscellaneous population of many shades of character and condition, are powerful obstructives to the successful application of their best ideas in the treatment of the hopeful and sensitive insane, and that they could work with greatly increased efficiency in a narrower and more diversified field. At least no one will question that all the adjustments and instrumentalities for aggressive treatment of the hopeful classes can be much more successfully organized under more select conditions.

Sufficient has already been said of the embarrassments of the mixed provision for all classes of the insane to authorize the assumption that this method of organization is not the best attainable; that it does not afford the division under consideration the kind and degree of curative and sustaining influences to which they are justly entitled; neither does it sufficiently protect them from influences which operate adversely to their comfort, happiness and final recovery. This brings me to the main purpose of this paper, to contend that separate provision should be made for these classes. In adducing special reasons for this contention it must always be kept in mind, as already stated, that substantially all the curable and hopeful cases are included in this division, that this is, par excellence, the remedial field.

Among the more specific reasons for separation of this group from the larger chronic and demented classes is incompatibility in personal condition and character. Their habits and wants are materially unlike, so much so as to make them unfit associates. What is vitally essential for the welfare of the one may be useless for the other; and methods of care entirely suitable for one are out of place for the other.

This difference in demand for care will hold true of nearly all the items of hospital service. So diverse are the indications for care in the two divisions, that the attempt to generalize practical measures is a perpetual embarrassment both to administration and the more intelligent patients. Such attempts almost necessarily end in a compromise of personal interest and privilege, and the losers in the compromise are the least damaged patients; for while the hopelessly demented person suffers no detriment from contact with his more intelligent and appreciative associate, the result of the association is sadly otherwise on the latter.

This one, who needs above all things a corrective environment, lives perpetually in a disturbing one. The moral and social

atmosphere is necessarily gloomy, distracting, depressing. But not only is the personal contact adverse, even the style of service tends to sympathy with the majority, and to drop to a lower level, for in such a presence no zeal or skill can avail to impart reassuring aspects to the mixed society. So the best devised corrective measures are sadly hampered, for with the intelligent and sensitive contingent the evidence of the senses is a perpetual negative to all healthy moral stimulants resorted to.

Thus it turns out that, at the very threshold of positive moral treatment for the hopeful classes, the situation itself is at once unavoidably obstructive to the best success, and wasteful of the curative instrumentalities of an administration.

I use the term "best success," for I would not imply that success has not followed the curative work done, even in the midst of the obstructing influences of promiscuous association, but I mean to contend that what is accomplished is done against great hindrances, and that success is less in degree than is attainable under changed conditions.

Neither should success in the care and treatment of the insane be measured simply by the number of recoveries, but beyond this, by the well being, the comfort, and the degree of happiness secured to the sensitive insane who may not be restored to reason.

Of this class there must always be many in the hospitals, and they deserve much sympathy from the public. They are persons in whom mental disease has suspended the power of self-guidance and consigned them to the care of others; and yet they are left intelligent and sensitive to all external influences; they enjoy and suffer, appreciate order and beauty, good and bad in a perfectly normal way, and in many of the aspects of life they scarcely differ from their normal condition. These, though chronic on the score of time, should be classed for association with the recent and hopeful, both in their own interest and that of their associates; for their influence for good on the curable is often very salutary. So the conditions under which this portion of the insane live is no small matter.

Another reason for separate provision for the two great divisions of the insane is a financial one, a question having an important place in the original organization, and the adjustment of all the details of current institution life. The line that divides these people into two sections for care is degree of disease, and this calls for a distinction in the details of care. The needs of the most advanced in mental disease are more or less narrowed in

variety, and much that is important and even essential for the less advanced is of little avail for these. It is no unjust discrimination to recognize this in the style and variety of equipment and service, and this can be readily done under separate provision, and with no inconsiderable financial saving, both in construction and running operation.

The rate which will supply amply all the legitimate needs of the least hopeful, whose wants are mostly physical, can never purchase what is demanded in justice by the curable, the intelligent and appreciative classes of the insane. The remedial and sustaining stimuli indispensable for these classes should be recognized as legitimate matter of expense as much as physical subsistence; and it is a faulty principle of management which crowds the rate for their care down to simply that which is just and right for the more damaged groups.

The attributes essential to a good remedial and sustaining service have a money value. Intelligence, good judgment, quick sensibility, self-control, amiable tempers, sympathy and a spirit of self-sacrifice—these have to be sought in the market, and are not to be bought for a song, and should not be, for if anything is worth its price, these are. These classes must have this grade of service, or fail of the best attainable results. Not to furnish it is poor intelligence, bad moral sentiment, and bad financiering.

So there is a difference in the just wants of the two divisions and in the cost of supplying them; and the attempt to organize the two grades of service in common is not economy; even if the more complete service could be sustained in the promiscuous association.

These considerations seem to me sufficient to sanction the plan of provision in separate establishments. A common provision is either waste of service on one division, or privation of indispensable agencies in the other; and privation of such character as neither the patient nor the public can afford to sanction. It would be felt in diminished chances of recovery and restoration to home, usefulness and all the blessings of sane life; and to those of this class who may not recover, but remain able to appreciate the conditions in which they live, the privation is equivalent to the loss of the little remnant of rational life left them in this world.

The patient in a fresh attack, brought from the pleasant surroundings and amenities of home life, with perceptions still acute and sensibilities even morbidly alive, when introduced into the

mixed society made up of all shades of character, and many forms of morbid manifestation, cannot fail to be most painfully impressed, and as a matter of fact we have abundant testimony of recovered patients that it is so, and that the influence is not easily effaced. Change from home life we assume and know possesses a a remedial force, but not unqualified; it needs the aid of sympathizing circumstances; to make it available, the new environment must be remedial and corrective. This determines the value of change from home, and that value is vastly lessened if not sacrificed by the presence of antagonizing influence.

In the thronged and miscellaneous ward it is not always easy to see the corrective circumstances, but the disturbing ones obtrude themselves at once, and often upon the new comer, on whom first moral influences are all-important. An individualized moral treatment of new cases is, I believe, the best assurance of success, and yet the obstacles in the way of such treatment in the thronged and heterogeneous wards are well nigh insuperable. The best personal influences are antagonized at all points. Experience has left the settled conviction in my mind that the great mixed ward, as a place to commence healing influence in a recently disordered mind has, to say the least, very grave disadvantages, and I believe stronger terms might be used with truth.

In the milder cases, not recent, which I have already referred to, needing supporting influence, the situation is a constant depressant, as illustrative cases would show if time would permit.

If, then, the embarrassments of the mixed, congregate form of provision for the care and treatment of the insane in asylums is real, and the broad classification inadequate to the best attainable curative and sustaining influences, the legitimate remedy is to be found in separate provision for the recent and more sensitive classes. I do not claim to be advancing a new plan in the face of the fact that, in a few instances, special institutions have been appropriated to the overflow of the chronic and incurable from general State hospitals and asylums; but it is still a fact that the classes needing a more individualized care are under the embarrassments claimed, and my contention is that separate provision should be carried further—should be applied to the population as at present associated in most of the large public hospitals and asylums, as fast as it is financially practicable.

Willard and Worcester are signal and successful examples of movement in the right direction. These have opened the way,

and some other States may be acting on the same principle, though in modified forms, but all these are only the beginning.

What remains cannot be done at once, it cannot be a revolution, but the principle can be incorporated into future changes. A few remarks may be in place on this desirable transition, from the promiscuous to the more individualized plan of association; and in the first place no general plan can be applied in all places and institutions. If all States were now commencing to build institutions for the insane it might be practicable, but present conditions differ widely in different places. The tendency of the time is apparent in the cases already noticed, of States providing separately for the chronic and supposed incurable, and adapting less costly construction, and a more simple administration, thus recognizing for these classes less necessity for a varied and personal service than is demanded for those most hopeful and intelligent. This movement has been forced upon the communities by the pressure of the chronic insane, rather than chosen as a measure to elevate and improve the care and treatment of the other classes, which latter is a no less urgent motive. Some States have been favorably situated for adopting the separate plan. Rhode Island is an example.

The Butler Hospital, an institution fully equipped for remedial treatment, receives those requiring it, whether self-supporting or supported at public charge, as private patients. The State has provided an institution of cheaper grade, not equipped for curative treatment, but with all comforts essential to the well-being of the chronic classes.

The Butler also provides for persons of slender means, but not dependent on the public, assisting them from its charities. On this plan this hospital is devoted very largely to remedial work. Separation is gradually working itself out in the State of Vermont.

Hitherto the chronic and pauper insane have been provided for at the Brattleboro Asylum, a private corporate institution, as boarders, at public expense, the institution receiving and treating at the same time self-supporting boarders.

Within the past year the State legislature has made appropriations for a State asylum, which, when completed, will absorb mostly the State patients, largely the chronic classes. When this is done the resources of the Brattleboro Asylum will be devoted more exclusively to remedial work.

The same tendency to separation is seen in the State of New Hampshire. Until a comparatively recent date the dependent insane were supported mainly at the State asylum, and these were

largely of the chronic classes. As these classes have accumulated the several counties have erected small asylums near their almshouses, where now all the pauper insane whom the county authorities consider as not requiring remedial treatment are supported.

By a recent legislative act these asylums are placed under State supervision, and it is anticipated that great improvement in methods of care will soon be realized. This movement relieves the State asylum of a large chronic and generally hopeless population. So that in the future, as in the other States referred to, its resources will be devoted much more largely to remedial work. And the privileges of these classes will be proportionally enhanced. As in the Butler, the charities of the institution are appropriated to the assistance of the indigent of the private class. Some of the same class of persons are able to avail themselves of the superior benefits of the McLean Asylum by securing the aid afforded from the charitable funds of that institution.

Thus, in the cases named, a gradual solution of the question of separation seems to be in progress, as far as it goes, originating more in the force of external circumstances than in any definite theoretical plan for enhancing the efficiency of remedial agencies; but if that end is reached the method of reaching it is of minor concern.

In States where the less aggravated cases are provided for promiscuously with all other grades of disease, there would seem to be open one practicable way to effect separation without very great delay.

Almost everywhere through the country asylums are full, or sure soon to become so, and the necessity for further construction in the near future is certain. Such new construction might, and, as it seems to me, in justice to all the interests involved should be planned and organized to meet the necessities of the smaller, but more hopeful division of the insane. In this way room for the chronic would be increased in the existing buildings, and more fitting accommodations for those needing a more discriminating service would be afforded in the new and smaller structures.

The present pressure for asylum room, urgent in many parts of the country, should be seized upon as the fit opportunity to advance the standard of remedial care and treatment, by providing in the new construction better and more varied facilities for individualized methods, and at the same stroke excluding the many obstructing and demoralizing influences unavoidably attaching to the association of all grades of mental disorder together.

I cannot overstate my conviction that where asylums are overcrowded with mixed populations, and where new construction is

demanded, it would be wise to build in the shape of smaller hospitals, designed and equipped for a more diversified practice, with more flexible adjustments. And, more than that, I believe it due to our Christian civilization so to build.

The old institutions, even the most liberal of them, are planned and equipped on a large scale, and fitted for a generalized service, a service well adapted to the large class of the more damaged patients, but not for the smaller sensitive classes. The proposed smaller hospital must be planned to support a more diversified service, so subdivided as to render possible more classes, and each class smaller in numbers. Its resources should be many sided, to adapt it to many phases of mental disease, and many diversities of individual character and habit of life, for this has everything to do in determining the efficiency of remedial measures. It is, therefore, manifest that plans of construction must depart in many respects from those hitherto mostly followed. Apartments must be so far subdivided and diversified as to adapt them to the greatly varying tastes and preferences of individual patients. Facilities for substantially private care even should not be omitted in plans, and from this up to groups sufficiently large to secure all the advantages of a felicitous social adjustment.

There is little danger of too much variety in plan in these hospitals, for all along the line are found shades of difference in individual wants, which will make the architectural variety most convenient and remedial. And this is one of the strongest reasons for devoting new construction to these classes instead of multiplying buildings on existing plans, and perpetuating existing deficiencies. Plans for remedial work should not omit more or less small detached houses, and these would not long lack occupants, to the great satisfaction of both patient and physician.

I have little doubt that moderate sized hospitals, so constituted and operated, either independent or as annexes, would return increased ratios of recovery, while adding vastly to the comfort and happiness of patients during hospital residence.

An objection to such a plan may be anticipated on the score of increased running expense, and I do not overlook the item; for it is not to be denied that a hospital constructed and equipped for such a diversified and flexible service will call for a somewhat modified administration; a wholesale method is less expensive than an individualized one.

This applies in a measure to outfit, but more largely to personal services, but on this point it should never be forgotten that no agency bears so close a relation to recovery from insanity as that

of direct personal influence, which often stands in importance before even medical prescription.

Any reasonable expense invested in intelligent and judicious individualized attention is pretty sure to be returned in earlier and better curative results, and what results are good to the patient are good to the public.

May I be allowed to digress briefly from my main subject to make a remark on the prevailing popular idea of what is a proper cost of the treatment of insanity in public asylums. In a majority of the large State hospitals in the east the rate is three and one-fourth dollars per week, and in a few it is four, this rate including board, nursing and medical treatment. This rate applies to recent and acute cases in common with the chronic cases passed hope. The average rate of cost in hospitals for general diseases in the same region of country is about ten dollars per week.

This is certainly no discrimination in favor of the insane requiring curative treatment, but an immense discrimination against them; for to set aside purely medical prescription, there is no sickness justly requiring a more judicious, intelligent, faithful and constant nursing service than mental diseases. The demand, too, for strictly medical care is certainly not less than in general diseases, to say the least, and yet the public, to me unaccountably, expects and demands that curative treatment for the acute, recent and curable insane, shall be secured for the same rate allowed for the chronic and hopeless pauper.

Money is profusely poured out by wealthy persons, by church denominations and general contributions to build and operate hospitals for general diseases, but the number so built and run for mental diseases is soon counted; and yet it is impossible to find victims of disease in more urgent need of Christian sympathy and material help than that portion of the insane in need of treatment who are in narrow pecuniary circumstances, and who shudder at the thought of becoming paupers. The number of these is large everywhere.

This disposition to cheapen care and nursing is seen in no other than mental diseases, and it is so absurd as to be almost a curiosity. It should be seen that no human skill or ingenuity can throw around the appreciative insane all the neeeded supporting and remedial agencies, for the sums fixed in most large mixed asylums. In view of this situation, there is no finer way for persons in affluence to exhibit philanthropy and make their names beloved and honored in the present or the future, than by gifts devoted to the care and nursing of the indigent insane in hospitals

or asylums. There is golden opportunity to lighten the load of this bitterest of human sorrows within the easy reach of every wealthy person, and many shall rise up and call him blessed who shall avail himself of the opportunity. He who endows a small remedial hospital, or an annex to a large one, for improving the situation of the hopeful insane may make for himself a name which will long outlive his days, preserved in grateful hearts and loving memories.

The space proper for this paper will not allow me to go into more detailed illustration of the position taken, that the class I have indicated, namely, those requiring remedial treatment and those requiring sustaining associations, should be provided for under separate organizations, and apart from the great chronic class. I have attempted to give the general reasons for such a separation of classes.

The sum of what I wished to say in this paper is this: The affluent classes need give us no concern, since wealth will open places of their own choosing. The second group considered, embracing an immense preponderance in numbers, and generally in the extreme stages of mental failure, and substantially without hope of restoration,—these depend on public provision, and the circle of their needs is somewhat narrowed as compared with the third group.

The third group, much smaller in numbers, but mentally much less damaged and more hopeful, embracing nearly all the curable, and a large number, who though mentally diseased and incapacitated for home life, are still sensitive and appreciative of their surroundings, many of them in straitened circumstances,—these too, require public provision, though not necessarily public support.

With comparatively few exceptions these two groups are now provided for, and associate together in large congregate hospitals or asylums, organized in large divisions, with generalized systems of classification.

The contention is that these two groups are incompatible as associates ; that the influence of this contact is detrimental and obstructive to the success of the curative and sustaining measures which are the main hope of comfort and relief to those less advanced in disease ; and that bare justice to these demands separation of the two groups.

It is further contended that separation alone will admit of an individualized system of care and treatment ; and that no other treatment and service can ever insure the best attainable fruits of hospital work, whether measured in relation to the interest of the sufferers or the public.